

NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VA 22230

HOST INSTITUTIONAL ALLOWANCE REQUEST

The National Science Foundation, upon request, will provide an Institutional Allowance to the host fellowship institution on behalf of the Fellow named below. This allowance is provided in lieu of tuition costs and/or fees normally chargeable to the Fellow, and to assist the institution in meeting costs of providing the Fellow with space, supplies, equipment and services.

All Institutional Allowance payments are processed by the Electronic Funds Transfer (EFT) procedure.

Please complete and return this form immediately to the supporting program office at the NSF, 4201 Wilson Boulevard, Arlington, VA 22230 (whether or not an Institutional Allowance is requested).

Program Office _____ Division of Astronomical Sciences Room Number 1045

Program Contact Phone/E-Mail/Fax: Dr. Dana Lehr (703) 292-7456 / dlehr@nsf.gov / (703) 292-9034

Questions regarding payment of this allowance should be directed to the Division of Financial Management, Elizabeth Gebremedhin (703) 292-4444.

FOR NSF PROGRAM USE

NAME OF FELLOW	GRANT NUMBER
FELLOWSHIP TYPE Astronomy and Astrophysics Postdoctoral Fellowship	APPROVED AMOUNT
HOST INSTITUTION	APPROVED BY
DEPARTMENT	DATE

REQUEST CONFIRMATION

This section should be completed by an appropriate official of the fellowship institution.

☐ I request the payment of an Institution Allowance in the amount of \$ _____

☐ I do not request payment of an Institutional Allowance.

Signed

Date

Title

Please provide a contact whom we may phone regarding EFT information, if necessary.

Name _____ Phone Number _____

Please provide address where notification of payment should be sent.
This portion will be returned upon payment processing.

FOR NSF FINANCE OFFICE USE

Payment processed on

Amount Paid by NSF

Account Number

ABA Number

Fellow Name

Department